

FINANCIAL AFFIDAVIT			
IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE			
IN THE CASE OF		FOR	
V.S.		AT	
PERSON REPRESENTED (Show your full name)		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Defendant-- Adult <input type="checkbox"/> Defendant - Juvenile <input type="checkbox"/> Appellant <input type="checkbox"/> Probation Violator <input type="checkbox"/> Parole Violator <input type="checkbox"/> Habeas Petitioner <input type="checkbox"/> 2255 Petitioner <input type="checkbox"/> Material Witness <input type="checkbox"/> Other </div> <div> <div style="border: 1px solid black; padding: 2px;">DOCKET NUMBERS</div> <div style="border: 1px solid black; padding: 2px;">Magistrate</div> <div style="border: 1px solid black; padding: 2px;">District Court</div> <div style="border: 1px solid black; padding: 2px;">Court of Appeals</div> </div> </div>	
CHARGE/OFFENSE (describe if applicable & check box →)			
<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor			

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY			
EMPLOY- MENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed		
	Name and address of employer: _____		
	<div style="display: flex; justify-content: space-between;"> <div> IF YES, how much do you earn per month? \$ _____ </div> <div> IF NO, give month and year of last employment How much did you earn per month? \$ _____ </div> </div>		
OTHER INCOME	If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<div style="display: flex; justify-content: space-between;"> <div> IF YES, how much does your Spouse earn per month? \$ <u>N/A</u> </div> <div> If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____ </div> </div>		
	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
CASH	<div style="display: flex; justify-content: space-between;"> <div> IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES </div> <div> RECEIVED \$ _____ SOURCES _____ </div> </div>		
	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES , state total amount \$ _____		
	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
PROP- ERTY	<div style="display: flex; justify-content: space-between;"> <div> IF YES, GIVE THE VALUE AND \$ DESCRIBE IT </div> <div> VALUE _____ DESCRIPTION _____ _____ _____ _____ </div> </div>		
DEPENDENTS	<div style="display: flex; justify-content: space-between;"> <div> MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED </div> <div> Total No. of Dependents _____ </div> <div> List persons you actually support and your relationship to them _____ _____ _____ _____ </div> </div>		
DEBTS & MONTHLY BILLS	<div style="display: flex; justify-content: space-between;"> <div> APARTMENT OR HOME: _____ </div> <div> Creditors _____ _____ _____ _____ </div> <div> Total Debt \$ _____ \$ _____ \$ _____ \$ _____ </div> <div> Monthly Paymt. \$ _____ \$ _____ \$ _____ \$ _____ </div> </div>		
	<div style="display: flex; justify-content: space-between;"> <div> DEBTS & MONTHLY BILLS <small>(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)</small> </div> <div> _____ _____ _____ _____ </div> </div>		

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) _____

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

T. Carlson 3/12/04